

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125050	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/01/2019
NAME OF PROVIDER OR SUPPLIER HALE MALAMALAMA		STREET ADDRESS, CITY, STATE, ZIP CODE 6163 SUMMER STREET HONOLULU, HI 96821		
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4 000	Initial Comments A State relicensure survey was conducted at the facility from July 26-28 and July 1, 2019. On entrance the census was 40 residents.	4 000		
4 101	11-94.1-22(c) Medical record system (c) The following information shall be obtained and entered in the resident's record at the time of admission to the facility: (1) Personal information such as name, date, and time of admission, date and place of birth, citizenship status, marital status, social security number, or an admission number that can be used to identify the resident without use of name when the latter is desirable; (2) Name and address of next of kin, legal guardian, surrogate, or representative holding a power of attorney; (3) Sex, height, weight, race, and identifying marks; (4) Reason for admission or referral; (5) Language spoken and understood; (6) Information relevant to religious affiliation, if any; (7) Admission diagnosis, summary of prior medical care with listing of physicians providing care, recent physical examination, tuberculosis status, and physician's orders; and (8) Advanced directives, as applicable.	4 101		8/5/19

Office of Health Care Assurance

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

07/19/19

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4 101	<p>Continued From page 1</p> <p>This Statute is not met as evidenced by: Based upon record review (RR) and interview, the facility failed to ensure for a resident who does not have an advance directive (AD), the resident was informed of his or her right to develop one, provided assistance in doing so or was periodically reassessed in his/her decision making capacity to do such for four of 16 residents (Residents (R) 30, 1, 24 and 27). This deficient practice had the potential to affect all new residents being admitted to the facility.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. R30 record revealed there was a written declaration of a surrogate family member, but there was no documentation that attempts to discuss an Advanced Directive (AD) nor the facility's AD policy had been provided to the family member. On 06/28/19 at 03:58 PM, the social worker designee (SWD) confirmed R30 did not have an AD. On 06/28/19 at 04:10 PM, the SWD also confirmed the facility did not have their own AD policy. On 07/01/19 at 09:58 AM the facility drafted a new AD policy. 2. On 06/27/19 at 11:32 AM, RR found R1 only had a financial durable power of attorney, but none for health care or an AD. On 06/28/19 at 03:58 PM, the SWD verified that R1 did not have an AD nor was their facility AD policy provided to the family. SWD stated they discuss it with the family members as needed, but this was not documented. 3. On 06/28/19 at 03:58 PM, per the SWD verified R27 also had no AD. On 06/28/19 at 04:10 PM, the SWD also confirmed the facility did 	4 101	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice</p> <p>-The Social Work Designee (SWD) met with the families of Resident # 1, 24, and 27 to provide assistance on obtaining an Advance Directive. The families are currently obtaining an Advance Directive.</p> <p>-The son of Resident #30 stated that he does not require assistance and will check for a copy in a safe deposit box. The SWD will follow up with the son.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</p> <p>-All current and new residents or families who need an Advanced Directive are potentially affected by the deficient practice. The SWD will assist all new and current residents to obtain an Advance Directive.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur.</p> <p>-The SWD created a list for all current residents that need and Advance Directive.</p>	

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4 101	Continued From page 2 not have their own AD policy. . R24 is a 81 year old male who had impaired cognitive function and thought processes related to dementia. RR revealed a POLST was present for R24 prepared on 11/30/17 signed by his wife, who was the appointed guardian. There was no AD in the medical record or documentation that it was discussed or offered. Request for documentation made to SWD. During an interview with SWD on 06/28/19 at 04:00 PM, she confirmed there was no documentation regarding a discussion was held with the R24's guardian about AD and he did not have one. 4. R24 is a 81 year old male who had impaired cognitive function and thought processes related to dementia. RR revealed a POLST was present for R24 prepared on 11/30/17 signed by his wife, who was the appointed guardian. There was no AD in the medical record or documentation that it was discussed or offered. Request for documentation made to SWD. During an interview with SWD on 06/28/19 at 04:00 PM, she confirmed there was no documentation regarding a discussion was held with the R24's guardian about AD and he did not have one.	4 101	-The SWD will assist residents and families with obtaining an Advance Directive. -A new policy and procedure on Advance Directives will be completed and implemented. How the corrective action(s) will be monitored to ensure the deficient practice will not recur. -The SWD will continue to update the list of current residents who have an Advance Directive.	
4 174	11-94.1-43(b) Interdisciplinary care process (b) An individualized, interdisciplinary overall plan of care shall be developed to address prioritized resident needs including nursing care, social work services, medical services, rehabilitative services, restorative care, preventative care, dietary or nutritional requirements, and resident/family education. This Statute is not met as evidenced by:	4 174		8/5/19

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4 174	<p>Continued From page 3</p> <p>Based on observation, record review, and interview, the facility failed to develop comprehensive care plans for four of 12 residents (Resident (R) 19, 27, 24, 34) selected for review. This deficient practice had the potential to affect all residents requiring a comprehensive care plan.</p> <p>Findings include:</p> <p>1. On 06/26/19 at 02:28 PM, Resident (R) 19 was observed in bed. She had a dressing on her right lower shin, and on her left shin region, she had areas of purplish discoloration.</p> <p>Then on 06/28/19 at 11:36 AM, registered nurse (RN) 6 was observed to do R19's lower extremity dressing changes. RN6 cleansed the right lower shin with normal saline and then applied bacitracin ointment over the paper tape holding the skin tear together. RN6 then applied a 4x4 gauze over it. RN6 then took off the left shin gauze and stated it's all healed, but the gauze was on for protection. RN6 said the cause of R19's right shin skin tear and purplish area was that the resident may have banged it against something as there were days when she was more restless.</p> <p>During an interview with the Director of Nursing (DON) on 06/28/19 at 02:58 PM, she said once the purplish area (ecchymosis) appears on the resident's shin, it easily becomes a skin tear so they apply Tegaderm (a clear dressing) over it. The DON said they follow their skin protocol however, only when there's an actual skin tear. The DON said there were no orders for the Tegaderm use although it was applied when any ecchymosis or blood blisters were found.</p>	4 174	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>-The Charge Nurse will obtain a standing order for Resident #19 for the application of Tegaderm to any blood blisters or areas of ecchymosis.</p> <p>-The electronic medical record was updated on July 15, 2019, to trigger an alert for any charted skin observations for three consecutive shifts. The alert appears on the clinical dashboard and the Licensed Nurse will then initiate a weekly skin assessment and investigate causative factors.</p> <p>-The DON will implement a new skin/wound care protocol to ensure that guidelines are being followed throughout the facility.</p> <p>-Resident #19's care plan will be revised to include interventions on how to prevent new skin problems.</p> <p>-Resident #24's skin tear has healed. Due to the deficient practice the MDS Coordinator will review the resident's plan of care periodically.</p> <p>-Resident #27's care plan will be revised to include causative factors for bruising and interventions to protect resident from self-inflicted injuries.</p> <p>An order for Tegaderm will be obtained to apply to over any areas of bruising or blood blisters. Staff will minimize the use of Tegaderm dressings and consider using alternative dressings or skin protection.</p> <p>-The MDS Coordinator will update</p>	

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4 174	<p>Continued From page 4</p> <p>However, the causative factor(s) for the development of these skin conditions were not determined and reviewed by the nursing staff, although they would begin treating it when found. On 06/28/19 at 03:30 PM, the DON and the RN4, the Minimum Data Set Coordinator (MDS-C), said they also had no weekly wound tracking/monitoring of R19's new right shin skin tear and ecchymosis along with no care plan.</p> <p>2. On 06/26/19 at 03:22 PM, R27 was observed with areas of purplish discoloration (ecchymosis) to her bilateral upper arms. Earlier at lunch, R27 was observed having a strong grip when she held onto the SWD's arm. R27 was not easily redirectable and hung onto the SWD's arm until the SWD was able to free herself. R27 also had Tegaderm covering the ecchymotic areas on her forearms.</p> <p>On 06/26/19 at 04:16 PM, record review found the resident did not have a care plan for the ecchymosis to her bilateral upper extremities. There was a care plan for R27's mood/behavior related to her dementia, depression, agitation and to report any risk for harm to self as she had a past attempt at suicide, risky action, intentionally harmed or tried to harm self.</p> <p>On 06/28/19 at 08:56 AM, RN6 was observed treating R27's bilateral forearms. RN6 placed a Tegaderm over a quarter sized blood blister to R27's right forearm. RN6 said, "We are covering it with this (Tegaderm) for it to not open." RN6 said they admitted this resident from home with a lot of skin tears. There was also a Tegaderm to the resident's left forearm which was left alone as it was still intact.</p>	4 174	<p>Resident #34's care plan to indicate bruising on both forearms. The licensed nurse will initiate a weekly skin assessment to identify the location, any causative factors, and necessary treatments for skin problems. This will also ensure that a physician's order is obtained for any necessary treatments.</p> <p>-The DON will create and implement a new skin/wound care protocol to ensure that guidelines are being followed throughout the facility.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice.</p> <p>-All current and new residents that acquire new skin problems and may not have an updated plan of care are potentially affected by the deficient practice.</p> <p>-An inservice education will be conducted with all current and new RNs on the proper procedure on updating a resident's plan of care after any new skin problems (e.g., skin tear, bruising, blood blisters, etc.) are identified.</p> <p>-All licensed nurses should initiate a weekly wound assessment upon identification of any new skin problems, obtain any necessary physician's orders, and initiate any ordered treatments.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur.</p>	

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4 174	<p>Continued From page 5</p> <p>3. R24 was an 82-year-old male who received hospice care with a terminal prognosis of Alzheimer's. Other diagnosis included Diabetes Mellitus. R24 had functional and cognitive impairment and was totally dependent on staff for activities of daily living. R24 was at risk for disruption of skin integrity due to his age and skin condition. He was also at high risk for infection due to his Diabetes.</p> <p>On 06/27/19 at 09:00 AM, observed R24 had a clear dressing applied to his right forearm. The skin was noted to be bruised under the dressing.</p> <p>RR of R24's medical records revealed the following:</p> <p>a. 06/25/19 cardex note entered by nursing staff that R24 received skin tear during shower.</p> <p>b. 06/26/19 progress note, "Seen by MD (Medical Physician) d/t (due to) skin tear that was sustained during shower with hospice staff yesterday measuring 4 cm (centimeters) x 2 cm. Per MD continue to do skin tear protocol..." The "skin tear protocol," directed staff to, "Cleanse (the wound) with NS (normal saline), pat dry, apply steri-strips (holds the wound together) and thin layer of bacitracin then cover with telfa or non-adhesive dressing. Replace dressing daily and as needed until healed. Monitor and notify physician for signs and symptoms of infections as needed for Skin tear."</p> <p>c. 06/28/19 reviewed R24's care plan that revealed it was not a comprehensive plan and it did not include the recent skin tear, or the interventions of the "skin tear protocol" ordered by the MD.</p> <p>On 06/28/19 at 10:12 AM during an interview with the DON discussed R24's skin tear. Reviewed</p>	4 174	<p>-The DON will generate a protocol for skin/wound care.</p> <p>-The DON will generate a report from the electronic medical record identifying all residents with an ongoing skin/wound problem. The DON will utilize this list to verify that a weekly wound assessment and plan of care were initiated for all identified residents.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur.</p> <p>-The Director of Nursing or Staff Development Coordinator will conduct a year inservice for all licensed nurses on the facility's skin/wound protocol and the resident's plan of care.</p>	

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4 174	Continued From page 6 the skin tear protocol referred to in progress note, and reviewed R24's care plan. DON agreed the skin tear should have been in the care plan. 4. R34 had a cerebral infarction (an area of necrotic tissue in the brain resulting from a blockage) affecting the left non-dominant side and was on aspirin therapy (can help prevent a blockage). R34 was assessed to have fragile skin. On 06/26/19 at 10:49 AM R34 was observed to have a clear dressing on both forearms with bruising noted under the dressings. On 06/26/19 at 11:00 during interview with R34, she said she was not aware of how she got the bruises. R34 stated, "I need help with everything and bruise easily." R34's care plan revealed there was a plan in place for "actual impairment to skin integrity of the buttocks ...r/t (related to) fragile skin. There was also a problem identified that "The resident is at risk for adverse reaction from Aspirin therapy." Interventions included, "skin assessment every shift..." and to "Monitor for ... bruising." There was nothing in the care plan regarding the bruising of both forearms or the tegaderm dressings and how to manage them. There was no physician order for the dressings found in the record.	4 174		
4 175	11-94.1-43(c) Interdisciplinary care process (c) The overall plan of care shall be reviewed periodically by the interdisciplinary team to determine if goals have been met, if any changes are required to the overall plan of care,	4 175		8/5/19

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4 175	<p>Continued From page 7</p> <p>and as necessitated by changes in the resident's condition.</p> <p>This Statute is not met as evidenced by: Based on observation, record review and interview, the facility failed to revise residents' care plans for two of 12 residents (Resident (R) 5 and 38) selected for review. This deficient practice had the potential to affect all residents requiring a revision to their care plans.</p> <p>Findings Include:</p> <p>1. Resident (R) 5 was found to have a gradual decline in her weight of -8.2% from her 12/07/18 weight of 122 pounds (lbs) to her current 06/26/19 weight of 112 lbs. The resident was observed able to eat by herself without much assistance.</p> <p>At the time of the 04/07/19 annual nutrition assessment, R5's weight was 119 lbs and her weight was within an acceptable weight range. The goal was to maintain the resident's weight between 115-125 lbs.</p> <p>During an interview with the MDS-C/RN4, on 06/28/19 at 02:25 PM, she acknowledged as a result of R5's gradual weight loss and open wounds to the resident's toes, they put nutrition and hydration interventions in place. MDS-C/RN4 said a nutritional supplement, Juven was ordered 05/31/19, but she was not aware of it until she had to pass medications one day and noticed then that the Juven supplement was being given.</p> <p>However, the implementation of Juven was not</p>	4 175	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>-For Resident #5, on July 1, 2019, the Registered Dietitian recommended Glucerna 4 ounces BID to prevent further weight loss.</p> <p>-In addition, the MDS Coordinator will revise the resident's plan of care to ensure that interventions for wound healing and the prevention of any further weight loss will be implemented.</p> <p>-For Resident #38, the Interdisciplinary Team (IDT) will initiate a gradual discontinuation of bed rails to ensure that resident is comfortable without the device. The DON will revise restraint use forms and the policy and procedure regarding restraint use. In addition, the MDS Coordinator will update and revise the resident's care plan to address the gradual discontinuation of the bed rails.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</p> <p>-All current and new residents that utilize bed rails or residents with current wounds</p>	

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4 175	<p>Continued From page 8</p> <p>found in the resident's current nutrition or wound care plan. Further, the dietitian also did not have any follow-up entry/notation of this supplement being provided. The DON acknowledged R5's care plan had not been revised to include the Juven as an intervention to promote wound healing and/or to provide additional nutritional support given the resident's gradual weight loss. As a result, the efficacy of the Juven was indeterminate as it was excluded from the resident's care plans for wound healing and weight loss.</p> <p>2. Resident (R)38 was found to have an order dated 05/12/17 for the use of bilateral ¾ side rails for bed mobility and safety and security per resident's request. During room observations, it was found R38 had the left bed side rail up. During an interview of R38 on 06/27/19 at 02:28 PM, she was unable to state if the use of the bilateral ¾ side rails was her request for safety and security.</p> <p>Review of R38's record found a consent and care plan for the use of bilateral ¾ side rails. The care plan stated the resident preferred to have the side rails up for her comfort. However, the consent was done on R38's admission to the facility in July of 2015 and since had not been re-assessed for the resident's safety or security.</p> <p>On 07/01/19 at 09:20 AM, during an interview with social worker designee (SWD), she verified R38's consent for the use of the side rails was done on admission. When the SWD was asked if R38 was currently capable of making the decision to use the bilateral ¾ side rails per her request for safety, the SWD stated, "No." There was no indication the facility re-assessed the use</p>	4 175	<p>with gradual weight loss are potentially affected by the deficient practice.</p> <p>-The Staff Development Coordinator will provide on-going staff education on quarterly restraint assessments to all current and new RNs.</p> <p>-The DON will review and revise the weight committee protocol to address issues of gradual weight loss for all residents.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur.</p> <p>-The DON will review and revise the weight committee protocol.</p> <p>-A weekly skin and wound assessment tool will be utilized by the nursing staff.</p> <p>-A quarterly restraint assessment will be reviewed by the IDT.</p> <p>-Restraint reduction will be included in the care plan for any residents who utilize restraints.</p> <p>-The DON will review the Restraint Policy and Procedure annually.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur.</p> <p>-The Registered Dietitian will conduct a quarterly audit of residents with weight loss or gain.</p> <p>-The DON or designee will conduct a quarterly audit on care plans.</p>	

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4 175	Continued From page 9 of the side rails as restraints or the risk/potential for accidents/entrapment given R38's diagnosis of Alzheimer's disease with dementia. In addition, review of the facility's restraint policy stated the use of physical restraints was to be assessed quarterly. The last annual MDS of 06/17/19 further showed the resident's side rails were used daily under MDS Section P. Interview with the DON on 07/01/19 at 02:26 PM confirmed there was to be a quarterly assessment for the use of R38's bilateral side rails. She stated it was not being documented by the IDT, and thus, the care plan was not revised to reflect the resident's current assessed status with the use of physical restraints.	4 175		